Complete, print, sign and submit the form by one of the following methods: Fax (470) 578-9097; mail: Office of the Registrar, 585 Cobb Avenue, MD 0116, ATTN: Graduation Coordinator, Kennesaw, GA 30144-5591; scan and email form to registrar@kennesaw.edu; or bring the form to: **Kennesaw Campus** - GATES (a division of the Office of the Registrar) or **Marietta Campus** - Building B.

Office Hours: Monday-Friday, 8:00 am - 5:00 pm

## REPLACEMENT DIPLOMA REQUEST FORM KENNESAW STATE UNIVERSITY

**PLEASE NOTE**: If you need the Diploma apositilled, you must complete the Apositille form found our website.

NAME		KSU ID#	DOB (m/d/yyyy)	
Other names used during attendance		- "		
Phone Number	Email Address		@students.kennesaw.edu	
Diploma Name (should correspond to legal r	name)			
Degree Earned (BA, BS, etc.)	Major			
GRADUATION TERM/YEAR	TERM YEA	AR N	lumber of Copies at \$30 per copy	
Mail to:				
	Name and Address			
	nt at the Kennesaw Campus. Required)			
urn-around time may expand to bayment is required in 30 days. If	30 business days. A \$30 charg you have access to Owl Expre ess to Owl Express, you can pa	ge for each replacement ess, you can pay this cha by the Bursar's Office at 1	r heavy processing times (end of term, etc.), the diploma will be assessed to your student accorge as you would any other charge on your stucked the time of pickup or you may mail the paymen	unt; uden
By signing below, I understa	nd the processing time and ag	ree to any fees that wil	be charged if I request a replacement diploma	(s).
Student Signature			Current Date	